

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF NEAL DUNN

ADDRESS (number and street)

2640A MITCHAM DRIVE

Check if different
than previously
reported. (ACC)

TALLAHASSEE

FL

32308

2. **FEC IDENTIFICATION NUMBER** ▼

C

C00582304

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

Y Y Y Y

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2015

D D / Y Y Y Y

Y Y Y Y

through

M M / D D / Y Y Y Y
12 / 31 / 2015

D D / Y Y Y Y

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Abby Dupree

Signature of Treasurer

Abby Dupree

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 31 / 2016

D D / Y Y Y Y

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 93

Write or Type Committee Name

FRIENDS OF NEAL DUNN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	135458.93	587193.34
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	135458.93	587193.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	114379.61	157385.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	114379.61	157385.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	544808.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	115000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 93

Write or Type Committee Name

FRIENDS OF NEAL DUNN

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

116727.65

544750.07

(ii) Unitemized.....

5211.12

14523.11

(iii) TOTAL of contributions from individuals ▶

121938.77

559273.18

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

13500.00

22500.00

(d) The Candidate.....

20.16

5420.16

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

135458.93

587193.34

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

65000.00

115000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

65000.00

115000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

200458.93

702193.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 93

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	114379.61	157385.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	114379.61	157385.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	458728.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	200458.93
25. SUBTOTAL (add Line 23 and Line 24).....	659187.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	114379.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	544808.28

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3N
Transaction ID :

Itemization detail for certain reimbursements to individuals may not be reflected on the report if the underlying vendor has not been paid over \$200 in the aggregate.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

J. ADAM ALBRITTON

Mailing Address 456 HARRISON AVE

City

PANAMA CITY

State

FL

Zip Code

32401-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.580

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALONSO ALVAREZ

Mailing Address 407 SHORE CREST DR.

City

TAMPA

State

FL

Zip Code

33609-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA UROLOGY PARTNERS

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.636

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMY L. ARMSTRONG

Mailing Address 518 BUNKERS COVE RD.

City

PANAMA CITY

State

FL

Zip Code

32401-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.637

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

ERIC BAKER**A.**

Mailing Address P.O. BOX 28151

City

PANAMA CITY

State

FL

Zip Code

32411-8151

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

REtired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.562

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CRAIG BARKLEY**B.**

Mailing Address 30 SUNSET BAY DR.

City

BELLEAIR

State

FL

Zip Code

33756-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer

UROLOGY SPECIALISTS OF WEST FLORIDA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.638

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT F. BARNARD**C.**

Mailing Address 904 BRANDIES AVENUE

City

PANAMA CITY

State

FL

Zip Code

32405-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAY COUNTY COURT

Occupation

OFFICER OF THE COURT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.755

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
SPENCER BARRETT

Mailing Address **PO BOX 270**

City **OCALA** State **FL** Zip Code **34478-0270**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BARRETT LINER** Occupation **PARTNER**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.609

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID M. BEAR

Mailing Address **885 TANGLEWOOD DRIVE**

City **PENSACOLA** State **FL** Zip Code **32503-3232**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEWIS BEAR COMPANY** Occupation **VICE PRESIDENT**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.640

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID M. BEAR

Mailing Address **885 TANGLEWOOD DRIVE**

City **PENSACOLA** State **FL** Zip Code **32503-3232**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEWIS BEAR COMPANY** Occupation **VICE PRESIDENT**

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.671

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

LEWIS BEAR III**A.**

Mailing Address 4045 CONNELL DR.

City

PENSACOLA

State

FL

Zip Code

32503-3479

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEWIS BEAR COMPANY

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.641

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEWIS BEAR III**B.**

Mailing Address 4045 CONNELL DR.

City

PENSACOLA

State

FL

Zip Code

32503-3479

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEWIS BEAR COMPANY

Occupation

VICE PRESIDENT

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.672

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GREGG BECK**C.**

Mailing Address 4900 BAYOU BLVD. #103

City

PENSACOLA

State

FL

Zip Code

32503-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

BECK PARTNERS

Occupation

REAL ESTATE BROKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.622

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JASON A. BENSE**A.**

Mailing Address 306 MEADOWOOD CT

City

LYNN HAVEN

State

FL

Zip Code

32444-4930

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMERALD COAST STRIPING

Occupation

PRESIDENT

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.581

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEVEN BERRY**B.**

Mailing Address 2708 LONGLEAF ROAD

City

PANAMA CITY

State

FL

Zip Code

32405-2046

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANHANDLE PEDIATRIC DENTISTRY

Occupation

DENTIST

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.578

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM D. BIGGS**C.**

Mailing Address 100 CARILLON MARKET ST

City

PANAMA CITY BEACH

State

FL

Zip Code

32413-8067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate Developer

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.597

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
EUGENE H. BLABEY

Mailing Address 22 LENA ROAD

City State Zip Code
FORESTBURGH NY 12777-6206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIVONIA, AVON & LAKEVILLE RR CHAIRMAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.681

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHELLE BRANDHORST

Mailing Address 1102 E GADSDEN ST

City State Zip Code
PENSACOLA FL 32501-4126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SACRED HEART MEDICAL GROUP PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.607

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT G. BROOKS

Mailing Address 1767 HERMITAGE BLVD APT.8108

City State Zip Code
TALLAHASSEE FL 32308-7719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.619

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JOE D. BROWN**A.**

Mailing Address 2219 COCHRAN RD

City

PANAMA CITY BEACH

State

FL

Zip Code

32408-7002

FEC ID number of contributing
federal political committee.

C

Name of Employer
OPTICAL INTEGRITYOccupation
CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.600

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH BROWN**B.**

Mailing Address 2908 W AZEELE ST

City

TAMPA

State

FL

Zip Code

33609-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
EDWARD H FARRIOR, M.D.Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11.544

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

COLLETTE BRUCE**C.**

Mailing Address 2701 FOXHALL RD NW

City

WASHINGTON

State

DC

Zip Code

20007-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.617

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

DAVID BURDAY**A.**

Mailing Address 2516 HARRIMAN CIR

City

TALLAHASSEE

State

FL

Zip Code

32308-0920

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED UROLOGY INSTITUTEOccupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2015

Transaction ID : SA11.552

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BILL BUTLER**B.**

Mailing Address 5206 BAYSHORE BLVD

City

TAMPA

State

FL

Zip Code

33611-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUTLER CONSULTING GROUPOccupation
GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11.546

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES D. CAMPBELL**C.**

Mailing Address 3107 W 30TH CT

City

PANAMA CITY

State

FL

Zip Code

32405-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
ORTHODONTIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.673

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

ELIZABETH A. CANNON**A.**

Mailing Address 1407 SE 5TH ST

City

OCALA

State

FL

Zip Code

34471-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA11.533

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

TERRY CANTRELL**B.**

Mailing Address 433 HARRISON AVENUE

City

PANAMA CITY

State

FL

Zip Code

32401-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRANNY CANTRELL'S

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.721

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES L. CARY**C.**

Mailing Address 100 MONTANA AVE

City

LYNN HAVEN

State

FL

Zip Code

32444-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.752

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1025.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

ROY CENTANNI**A.**

Mailing Address 11040 HUTCHISON BOULEVARD

City

PANAMA CITY BEACH

State

FL

Zip Code

32407-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
SALTWATER GRILLOccupation
OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.722

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN R. CHESHIRE**B.**

Mailing Address 463 SUDDUTH AVE

City

PANAMA CITY

State

FL

Zip Code

32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SA11.531

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRISTOPHER CLARK**C.**

Mailing Address 1335 TERRACE STREET

City

TALLAHASSEE

State

FL

Zip Code

32303-6429

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA MEDICAL ASSOCIATIONOccupation
GOV'T AFFAIRS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.693

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JAMES T. COOK III

A.

Mailing Address 504 CHERRY ST

City

PANAMA CITY

State

FL

Zip Code

32401-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.576

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRIST CORDON

B.

Mailing Address 416 W 23RD STREET

City

PANAMA CITY

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAHALL'S DELI

Occupation

CATERER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA15.101

Amount of Each Receipt this Period

1100.00

IN-KIND - EVENT FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial)

RICHARD COX JR.

C.

Mailing Address 17687 ASHLEY DRIVE

City

PANAMA CITY BEACH

State

FL

Zip Code

32413-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

COX POOLS

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.691

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

CHRIS C. CRAMER

A.

Mailing Address 107 BUNKERS COVE ROAD

City

PANAMA CITY

State

FL

Zip Code

32401-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer

BILL CRAMER CHEVROLET

Occupation

AUTO SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

520.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.575

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRIS C. CRAMER

B.

Mailing Address 107 BUNKERS COVE ROAD

City

PANAMA CITY

State

FL

Zip Code

32401-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer

BILL CRAMER CHEVROLET

Occupation

AUTO SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

520.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.723

Amount of Each Receipt this Period

20.16

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MONICA CRAMER

C.

Mailing Address 427 BUNKERS COVE RD

City

PANAMA CITY

State

FL

Zip Code

32401-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SA11.538

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

770.16

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
JAMES D. CRONLEY

Mailing Address 1401 E. BELMONT ST.

City PENSACOLA	State FL	Zip Code 32501-4321
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TERHAAR & CRONLEY GENERAL CONTRAC	Occupation VICE PRESIDENT
---	------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.642

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CAROLYN D'ISERNIA

Mailing Address PO BOX 27158

City PANAMA CITY	State FL	Zip Code 32411-7158
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.745

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
REBECCA S. DAFFIN

Mailing Address 716 BUNKERS COVE RD.

City PANAMA CITY	State FL	Zip Code 32401-3920
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.643

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

S. A. DAFFIN III

A.

Mailing Address 746 HARRISON AVE

City

PANAMA CITY

State

FL

Zip Code

32401-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.644

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

S. A. DAFFIN III

B.

Mailing Address 746 HARRISON AVE

City

PANAMA CITY

State

FL

Zip Code

32401-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.760

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PAUL DICK

C.

Mailing Address 3001 W 10TH STREET #512

City

PANAMA CITY

State

FL

Zip Code

32401-7401

FEC ID number of contributing
federal political committee.

C

Name of Employer

INACOMP

Occupation

REGIONAL MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.706

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 93
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial) KATHY DISMUKES			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2015	
Mailing Address PO BOX 9563			Transaction ID : SA11.737	
City	State	Zip Code		
PANAMA CITY	FL	32417-9563		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer EMERALD COVE, INC.		Occupation RESORT RENTALS	CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) RICHARD M. DODD			Date of Receipt M M / D D / Y Y Y Y Y 12 17 2015	
Mailing Address 2924 W 27TH CT			Transaction ID : SA11.579	
City	State	Zip Code		
PANAMA CITY	FL	32405-1601		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer ReliantSouth Construction		Occupation President	CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) LISA ANN DOSEV			Date of Receipt M M / D D / Y Y Y Y Y 11 24 2015	
Mailing Address 1725 WHALEY AVE			Transaction ID : SA11.627	
City	State	Zip Code		
PENSACOLA	FL	32503-5732		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer N/A		Occupation RETIRED	CONTRIBUTION	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			1000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
EDWARD DROSTE

Mailing Address 107 HAMPTON ROAD #120

City State Zip Code
CLEARWATER FL 33759-4958

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OVIDENT ADVERTISING AND MARKETING OWNER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.697

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRENT FAISON

Mailing Address 1311 CINCINNATI AVE

City State Zip Code
PANAMA CITY FL 32401-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TALCOR COMMERCIAL REAL ESTATE BROKER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.601

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWARD H. FARRIOR

Mailing Address 2908 W AZEELE ST

City State Zip Code
TAMPA FL 33609-3110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SA11.545

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

LOUIS J. FELLEENZ III

A.

Mailing Address 8161 GLENMORE DR.

City

TALLAHASSEE

State

FL

Zip Code

32312-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

RISING SUN GOLF, LLC

Occupation

GOLF CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.628

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM D. FINCH

B.

Mailing Address 3743 FRANKFORD AVE

City

PANAMA CITY

State

FL

Zip Code

32405-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARCHITECTUAL RAILS, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SA11.537

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRIS B. FOREHAND

C.

Mailing Address 308 MEADOWOOD COURT

City

LYNN HAVEN

State

FL

Zip Code

32444-4930

FEC ID number of contributing
federal political committee.

C

Name of Employer

PREBLE-RISCH

Occupation

ENGINEER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.602

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
TRENT FRANKS

Mailing Address **6828 W CAMINO DE ORO**

City **PEORIA** State **AZ** Zip Code **85383-3213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE OF ARIZONA** Occupation **CONGRESSMAN**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.750

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRY FUTRELL

Mailing Address **3304 COUNTRY CLUB DR.**

City **LYNN HAVEN** State **FL** Zip Code **32444-5100**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **DENTIST**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.724

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DON GAETZ

Mailing Address **24 BLUEWATER POINT ROAD**

City **NICEVILLE** State **FL** Zip Code **32578-4503**

FEC ID number of contributing federal political committee. **C**

Name of Employer **State of Florida** Occupation **State Senator**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.646

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**3450.00**

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

VICTORIA GAETZ**A.**

Mailing Address P.O. BOX 1234

City

NICEVILLE

State

FL

Zip Code

32588-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.647

Amount of Each Receipt this Period

2300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES E. GEITZ**B.**

Mailing Address 8333 NORTH DAVIS HWY

City

PENSACOLA

State

FL

Zip Code

32514-6050

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL MANAGEMENT SERVICES

Occupation

SENIOR VP

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.616

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RONALD GIFFLER**C.**

Mailing Address 5501 SW 70TH AVENUE

City

FORT LAUDERDALE

State

FL

Zip Code

33314-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIRSTPATH

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.744

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JORGE GONZALEZ

Mailing Address 133 WATERSOUND PKWY

City	State	Zip Code
PANAMA CITY BEACH	FL	32413-

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. JOE COMPANYOccupation
REAL ESTATE AGENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.725

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JENNIFER JANKOWSKI GREEN

Mailing Address 3749 FOUR OAKS BLVD.

City	State	Zip Code
TALLAHASSEE	FL	32311-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY PARTNERS, LLCOccupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.624

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL GUARINO

Mailing Address 18605 AVENUE MONACO

City	State	Zip Code
LUTZ	FL	33558-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.738

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

BARBARA L. HAAG

A.

Mailing Address 404 WOOD TRAIL

City

PANAMA CITY

State

FL

Zip Code

32405-4489

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMIT BANK

Occupation

CFO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.756

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSH HACKEL

B.

Mailing Address 1040 GULF BREEZE PKWY

City

GULF BREEZE

State

FL

Zip Code

32561-7809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAPTIST PHYSICIAN GROUP

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.608

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSH HACKEL

C.

Mailing Address 1040 GULF BREEZE PKWY

City

GULF BREEZE

State

FL

Zip Code

32561-7809

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAPTIST PHYSICIAN GROUP

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.688

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

DOCK HANEY

A.

Mailing Address 726 BUNKERS COVE ROAD

City

PANAMA CITY

State

FL

Zip Code

32401

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAGUNA BEACH SUPPLY CO

Occupation

RETAIL SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA15.103

Amount of Each Receipt this Period

500.00

IN-KIND - EVENT FOOD AND BEVERAGES

Full Name (Last, First, Middle Initial)

JIMMY D. HARDIN JR.

B.

Mailing Address 1534 EBERHART AVE

City

COLUMBUS

State

GA

Zip Code

31906-1937

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHENIX FOOD SERVICES INC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA11.530

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RON HARDY

C.

Mailing Address 781 CHOCTAWHATCHEE RIVER ROAD

City

PONCE DE LEON

State

FL

Zip Code

32455-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.709

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

FRANKLIN HARRISON

A.

Mailing Address 2877 TUPELO DRIVE

City

PANAMA CITY

State

FL

Zip Code

32405-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.726

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEITH O. HARTWELL

B.

Mailing Address 14301 POPLAR HILL RD

UITE 400

City

GERMANTOWN

State

MD

Zip Code

20874-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHAMBERS & HARTWELL SHORT LINE RR

Occupation

GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.759

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MIKE HOBBS JR

C.

Mailing Address 309 E 11TH STREET

City

PANAMA CITY

State

FL

Zip Code

32401-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer

INLAND CONSTRUCTION

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.605

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

BILL HUDSON

Mailing Address 3141 W 20TH COURT

City

PANAMA CITY

State

FL

Zip Code

32405

FEC ID number of contributing
federal political committee.

C

Name of Employer

BILL HUDSON VIDEO PRODUCTION

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA15.96

Amount of Each Receipt this Period

300.00

IN-KIND - VIDEOGRAPHY

Full Name (Last, First, Middle Initial)

DECK HULL, JR.

Mailing Address 459 SUDDUTH AVENUE

City

PANAMA CITY

State

FL

Zip Code

32401-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer

HULL OIL CO

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.563

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MIA HUMPHREYS

Mailing Address 5224 FINISTERRE DRIVE

City

PANAMA CITY

State

FL

Zip Code

32408-7924

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.727

Amount of Each Receipt this Period

350.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

MIKE HUNNICUTT

A.

Mailing Address 7319 EMERSON DRIVE

City

PANAMA CITY

State

FL

Zip Code

32408-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer

J. MICHAEL HUNNICUTT ARCHITECTS

Occupation

ARCHITECT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.754

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NICHOLAS V. IAROSSE

B.

Mailing Address 4556 GROVE PARK DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL CITY CONSULTING

Occupation

GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.649

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

E. COY IRVIN

C.

Mailing Address 1017 LINDBERG DR.

City

FLORENCE

State

SC

Zip Code

29501-5653

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCLEOD REGIONAL MEDICAL

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.618

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

PHILIP A. ISAAC**A.**

Mailing Address 1710 W BEACH DR

City

PANAMA CITY

State

FL

Zip Code

32401-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2020.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.684

Amount of Each Receipt this Period

20.16

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROB JACKSON**B.**

Mailing Address 147 LAKE MERIAL SHORES DR

City

PANAMA CITY

State

FL

Zip Code

32409-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARRISON SALE MCLOY

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.708

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

FLOYD R. JAGGEARS**C.**

Mailing Address 3107 OBRIEN DR.

City

TALLAHASSEE

State

FL

Zip Code

32309-2754

FEC ID number of contributing
federal political committee.

C

Name of Employer

TALLAHASSEE ORTHOPEDIC CLINIC

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.620

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

770.16

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

STEVE JERNIGAN**A.**

Mailing Address 720 BAYFRONT PARKWAY, SUITE 200

City

PENSACOLA

State

FL

Zip Code

32502-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAY DESIGN ARCHITECTURE

Occupation

ARCHITECT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.633

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JON JOHNSON**B.**

Mailing Address P.O. BOX 10805

City

TALLAHASSEE

State

FL

Zip Code

32302-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON & BLANTON LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.728

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEPHEN MICHAEL KALIFEH II**C.**

Mailing Address 2120 Killearney Way

City

Tallahassee

State

FL

Zip Code

32309-

FEC ID number of contributing
federal political committee.

C

Name of Employer

THOMAS HOWELL FERGUSON

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.632

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

M. SCOTT KLAVANS

Mailing Address 8871 SILVERTHORN RD

City

LARGO

State

FL

Zip Code

33777-3155

FEC ID number of contributing
federal political committee.

C

Name of Employer

UROLOGY SPECIALISTS OF WEST FLORIDA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.652

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DOROTHY KOCH

Mailing Address 8015 GREENTREE RD

City

BETHESDA

State

MD

Zip Code

20817-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

AUTHOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

Transaction ID : SA11.547

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRISTOPHER L. KRAFT

Mailing Address 215 W COLLEGE AVE
APT 1002

City

TALLAHASSEE

State

FL

Zip Code

32301-7758

FEC ID number of contributing
federal political committee.

C

Name of Employer

KRAFT NISSAN

Occupation

AUTO DEALER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.611

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

LLOYD LOGUE**A.**

Mailing Address 2233 W 33RD STREET

City

PANAMA CITY

State

FL

Zip Code

32405-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAY RADIOLOGY ASSOCIATES, P.A.

Occupation

RADIOLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.729

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KUN LU**B.**

Mailing Address 3709 MILLSTONE CT

City

LYNN HAVEN

State

FL

Zip Code

32444-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.698

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

O. KEN MARKS**C.**

Mailing Address 3987 W. TENNESSEE ST.

City

TALLAHASSEE

State

FL

Zip Code

32304-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer

TALLAHASSEE DODGE CHRYSLER JEEP

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.654

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 93

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
JOHN M. MARSHALL

Mailing Address 1717 TENNESSEE AVE DRIVE

City State Zip Code
LYNN HAVEN FL 32444-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARSHALL BROTHERS CONSTRUCTION PRESIDENT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 17 2015

Transaction ID : SA11.572

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MIKE MARTIN

Mailing Address 2505 DOUBLE EAGLE CT.

City State Zip Code
TALLAHASSEE FL 32312-4091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FLORIDA STATE UNIVERSITY BASEBALL COACH

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M / D D / Y Y Y Y
11 24 2015

Transaction ID : SA11.629

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARVEY P. MATHIS

Mailing Address 2629 W 9TH ST

City State Zip Code
PANAMA CITY FL 32401-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt

M M / D D / Y Y Y Y
11 24 2015

Transaction ID : SA11.610

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

MICHAEL MCCANTS JR

A.

Mailing Address 2104 THOMAS DR.

City

PANAMA CITY BEACH

State

FL

Zip Code

32408-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer

COUNTS REAL ESTATE GROUP

Occupation

REAL ESTATE AGENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.566

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEBB RAYMOND MCCANSE

B.

Mailing Address 3027 AUTUMN DR.

City

PALM HARBOR

State

FL

Zip Code

34683-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

UROLOGY SPECIALISTS OF WEST FLORIDA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.655

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BENJAMIN R. MCCLOY

C.

Mailing Address 6547 MAN O WAR TRL

City

TALLAHASSEE

State

FL

Zip Code

32309-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HULT INSURANCE

Occupation

INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.567

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
KATRINA R. MCDONALD

Mailing Address 1900 DEWITT ST

City PANAMA CITY State FL Zip Code 32401-4049

FEC ID number of contributing federal political committee. **C**

Name of Employer ARA Occupation VICE PRESIDENT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.570

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARK MCKINNEY

Mailing Address 3507 WILLOW RIDGE ROAD

City LYNN HAVEN State FL Zip Code 32444-5674

FEC ID number of contributing federal political committee. **C**

Name of Employer Allstate Insurance Occupation Insurance Agent

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.568

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELLEN MCKNIGHT

Mailing Address 20 HIGHPOINT DRIVE

City GULF BREEZE State FL Zip Code 32561-4069

FEC ID number of contributing federal political committee. **C**

Name of Employer SUMMIT ARTHRITIS AND INFUSION Occupation PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.656

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JOHN MCMANUS

A.

Mailing Address 2082 GRACE MANOR CT

City

MCLEAN

State

VA

Zip Code

22101-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE MCMANUS GROUP

Occupation

GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.700

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WADE MELVIN

B.

Mailing Address PO BOX 1055

City

CHIPLEY

State

FL

Zip Code

32428-7055

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANCARE OF FLORIDA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.717

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL MELZER

C.

Mailing Address 2407 GRAND HARBOR DRIVE

City

PANAMA CITY BEACH

State

FL

Zip Code

32408-7047

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DENTIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.569

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

J COLLIER MERRILL

A.

Mailing Address 226 PALAFOX PL

City

PENSACOLA

State

FL

Zip Code

32502

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERRILL LAND COMPANY

Occupation

CORPORATE OFFICER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1125.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SA15.91

Amount of Each Receipt this Period

1125.23

IN-KIND - EVENT FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial)

MARTHA BLACKMON MILLIGAN

B.

Mailing Address 418 N. COVE BLVD.

City

PANAMA CITY

State

FL

Zip Code

32401-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.657

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN MONTGOMERY

C.

Mailing Address PO BOX 10074

City

FLEMING ISLAND

State

FL

Zip Code

32006-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUMANA

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.701

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2375.23

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JAMES R. MOODY III

A.

Mailing Address PO BOX 1310

City

PANAMA CITY

State

FL

Zip Code

32402-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.674

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DEVOE L MOORE

B.

Mailing Address 6800 MAHAN DR

City

TALLAHASSEE

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate Investor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1868.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : SA15.87

Amount of Each Receipt this Period

1868.00

IN-KIND - ROOM RENTAL, FOOD AND BEVERAGE

Full Name (Last, First, Middle Initial)

SHIRLEY M MOORE

C.

Mailing Address 6800 MAHAN DR

City

TALLAHASSEE

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1868.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Transaction ID : SA15.85

Amount of Each Receipt this Period

1868.00

IN-KIND - ROOM RENTAL, FOOD AND BEVERAGE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4236.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
THOMAS M. MORGAN

Mailing Address 189 AVENUE B

City State Zip Code
APPALACHICOLA FL 32320-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
APALACH OUTFITTERS OWNER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.598

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIMOTHY MORIARTY

Mailing Address 221 E 23RD ST

City State Zip Code
PANAMA CITY FL 32405-7612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.689

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HAYES MORRIS

Mailing Address PO BOX 1407

City State Zip Code
LYNN HAVEN FL 32444-6207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORRIS TIMBER PRODUCTS OWNER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11.676

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 42 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

PHILLIP T. NEVES**A.**

Mailing Address 3107 FRANKFORD AVE

City

PANAMA CITY

State

FL

Zip Code

32405-1929

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEVES MEDIA

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.586

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK J. NEVILLE**B.**

Mailing Address 1230 W BEACH DRIVE

City

PANAMA CITY

State

FL

Zip Code

32401-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMERALD COAST STRIPPING

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.585

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RALPH J. NOBO JR**C.**

Mailing Address 840 E MANN ROAD

City

BARTOW

State

FL

Zip Code

33830-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.757

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 43 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

ADAM NORDSTROM**A.**

Mailing Address 500 NEW JERSEY AVE., NW. SUITE 400

City

WASHINGTON

State

DC

Zip Code

20001-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHAMBERS, CONLON & HARTWELL, LLC

Occupation

PARTNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.692

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN R. NYLEN JR**B.**

Mailing Address 2753 MILLSTONE PLANTATION RD.

City

TALLAHASSEE

State

FL

Zip Code

32312-3881

FEC ID number of contributing
federal political committee.

C

Name of Employer

EARL BACON AGENCY

Occupation

INSURANCE BROKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.625

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEVIN DANIEL OBOS**C.**

Mailing Address 1716 VERMONT AVENUE

City

LYNN HAVEN

State

FL

Zip Code

32444-4166

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARRISON SALE MCCLOY

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.606

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1050.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

NARSING RAO PALEP**A.**

Mailing Address 3027 KINGS HARBOUR ROAD

City

PANAMA CITY

State

FL

Zip Code

32405-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIGESTIVE DISEASE CLINICOccupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.584

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOAN M. PARDY**B.**

Mailing Address 3245 BUNKERS COVE ROAD

City

PANAMA CITY

State

FL

Zip Code

32401-

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.559

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL PARDY**C.**

Mailing Address 324 BUNKERS COVE ROAD

City

PANAMA CITY

State

FL

Zip Code

32401-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer
TURTLE PROPERTIES, LLC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.560

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
CHARLES V. PEPPLER

Mailing Address 281 BEACON RD.

City PENSACOLA State FL Zip Code 32503-3305

FEC ID number of contributing federal political committee. **C**

Name of Employer ESCAMBA COUNTY Occupation ATTORNEY

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.615

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CANITA GUNTER PETERSON

Mailing Address 6994 GRENVILLE RD

City TALLAHASSEE State FL Zip Code 32309-9035

FEC ID number of contributing federal political committee. **C**

Name of Employer THOMAS HOWELL FERGUSON PA Occupation CPA

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SA11.532

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALVIN PHELPS

Mailing Address PO BOX 676

City LYNN HAVEN State FL Zip Code 32444-0676

FEC ID number of contributing federal political committee. **C**

Name of Employer A. PHELPS PETROLEUM OF NWFL Occupation OWNER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.719

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JOHN R. POLLMAN**A.**

Mailing Address 1405 W BEACH DRIVE

City

PANAMA CITY

State

FL

Zip Code

32401-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer
GAC CONTRACTORSOccupation
PROJECT MANAGER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.583

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARSHALL ANDY POPPLE**B.**

Mailing Address 3532 EDINBURGH DR.

City

MILTON

State

FL

Zip Code

32571-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL MANAGEMENT SERVICESOccupation
PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.613

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARLOS E. RAMOS**C.**

Mailing Address 400 RUE LAROCHE

City

LYNN HAVEN

State

FL

Zip Code

32444-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANAMA CITY UROLOGICAL CENTEROccupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Transaction ID : SA11.551

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 47 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

CARLOS E. RAMOS**A.**

Mailing Address 400 RUE LAROCHE

City

LYNN HAVEN

State

FL

Zip Code

32444-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer

PANAMA CITY UROLOGICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.690

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN E. RAMSEY**B.**

Mailing Address 1125 BOXWOOD LN

City

FOREST

State

VA

Zip Code

24551-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.685

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANTHONY RECK**C.**

Mailing Address 1 CIRCLE LAKE DRIVE

City

PADUCAH

State

KY

Zip Code

42001-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer

P&L RAILWAY

Occupation

ELECTRICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.739

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JAMES J. REEVES

A.

Mailing Address 730 BAYFRON PKWY., STE. 48

City

PENSACOLA

State

FL

Zip Code

32502-6251

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.658

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARC REICHELDERFER

B.

Mailing Address 115 EAST PARK AVE

City

TALLAHASSEE

State

FL

Zip Code

32301-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer

LANDMARC STRATEGIES

Occupation

PUBLIC AFFAIRS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.704

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WADE M. RINEHART

C.

Mailing Address 4432 BAYWOOD DRIVE

City

LYNN HAVEN

State

FL

Zip Code

32444-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIRST CHOICE THERAPY SERVICES

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.677

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

HUGH V. ROCHE**A.**

Mailing Address 508 W BALDWIN ROAD

City

PANAMA CITY

State

FL

Zip Code

32405-3313

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.599

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL JOHN ROPA**B.**

Mailing Address P.O. BOX 27189

City

PANAMA CITY

State

FL

Zip Code

32411-7189

FEC ID number of contributing
federal political committee.

C

Name of Employer

PFIZER

Occupation

PHARMACEUTICAL SALES

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THURMAN JOHNSON ROSS**C.**

Mailing Address 430 Morton Plant St Ste. 206

City

Clearwater

State

FL

Zip Code

33756-

FEC ID number of contributing
federal political committee.

C

Name of Employer

UROLOGY ASSOC OF PINELLAS COUNTY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.626

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
MARK A. ROSSER

Mailing Address 730 CARR LANE

City State Zip Code
TALLAHASSEE FL 32312-9603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CORPORATION SERVICE COMPANY VICE PRESIDENT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.630

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENISE ROWAN

Mailing Address 726 BUNKERS COVE ROAD

City State Zip Code
PANAMA CITY FL 32401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
851.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA15.98

Amount of Each Receipt this Period

851.10

IN-KIND - BEVERAGE, CATERING STAFF, TABLE RENTAL

C. Full Name (Last, First, Middle Initial)
JOSEPH RUGG

Mailing Address 709 S PACKWOOD AVE

City State Zip Code
TAMPA FL 33606-2544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALLEN DELL PA ATTORNEY

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2015

Transaction ID : SA11.548

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1351.10

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
DOUG SALE

Mailing Address **316 BUNKERS COVE ROAD**

City **PANAMA CITY** State **FL** Zip Code **32401-3912**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HARRISON, SALE, CCLOY** Occupation **ATTORNEY**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.695

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS G. SALMON

Mailing Address **8792 SAINT ANDREWS DRIVE**

City **MIRAMAR BEACH** State **FL** Zip Code **32550-4568**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Physician**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.561

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RON SAMUELIAN

Mailing Address **430 HARVARD BLVD**

City **LYNN HAVEN** State **FL** Zip Code **32444-3083**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NORTHWEST FLORIDA SURGERY CENT** Occupation **CEO**

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA11.539

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

EDWARD F. SAN JUAN

A.

Mailing Address P.O. BOX 249

City

LYNN HAVEN

State

FL

Zip Code

32444-0249

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CARPENTER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.675

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWARD F. SAN JUAN

B.

Mailing Address P.O. BOX 249

City

LYNN HAVEN

State

FL

Zip Code

32444-0249

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CARPENTER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.696

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CLIFORD SANBORN

C.

Mailing Address 2847 LONGLEAF ROAD

City

PANAMA CITY

State

FL

Zip Code

32405-2044

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARRON REDDING

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		17		2015

Transaction ID : SA11.582

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

MARK SCOTT**A.**

Mailing Address 3915 MILLERS BRIDGE RD.

City

TALLAHASSEE

State

FL

Zip Code

32312-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.631

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SERGIO B. SEOANE**B.**

Mailing Address PO BOX 2186

City

BARTOW

State

FL

Zip Code

33831-2186

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.764

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JON SHEBEL**C.**

Mailing Address 8167 GLENMORE DR

City

TALLAHASSEE

State

FL

Zip Code

32312-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATED RE

Occupation

REINSURANCE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Transaction ID : SA11.549

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

MAGDALENA SHULER**A.**

Mailing Address 1311 BAYOU CT

City

PANAMA CITY

State

FL

Zip Code

32401-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.589

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT J. SIRAGUSA**B.**

Mailing Address 2802 CANAL DRIVE

City

PANAMA CITY

State

FL

Zip Code

32405-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.660

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HEATHER SKINNER**C.**

Mailing Address 2023 THOMAS DRIVE

City

PANAMA CITY BEACH

State

FL

Zip Code

32408-5813

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKINNER TAX CONSULTING, INC.

Occupation

TAX CONSULTANT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.590

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
JOHN SOUTHERLAND

Mailing Address 1112 OHIO AVE

City State Zip Code
LYNN HAVEN FL 32444-2555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LANE FAIRBANKS CONSTRUCTION

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.588

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY SOWELL, JR.

Mailing Address P.O. BOX 2346

City State Zip Code
PANAMA CITY FL 32402-2346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF Employed CPA

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.557

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM T. STAFFORD

Mailing Address 430 MORTON PLANT, SUITE 206

City State Zip Code
CLEARWATER FL 33756-3396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UROLOGY SPECIALISTS OF WEST FLORIDA PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.662

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

HARRISON GENE STRICKLAND**A.**

Mailing Address 6281 BLACK FOX WAY

City

TALLAHASSEE

State

FL

Zip Code

32312-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.623

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS STRINGER**B.**

Mailing Address 13503 NW 8TH RD

City

NEWBERRY

State

FL

Zip Code

32669-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV. OF FL/DEPT. OF UROLOGY

Occupation

UROLOGIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.711

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELLIS SYFRETT**C.**

Mailing Address 4585 CREEK ROAD

City

VERNON

State

FL

Zip Code

32462-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.679

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
PATRICIA B. SYFRETT

Mailing Address 299 W 23RD PLACE

City PANAMA CITY State FL Zip Code 32405-4302

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation RETIRED

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.663

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TROY F. SYFRETT

Mailing Address 299 W23 ST

City PANAMA CITY State FL Zip Code 32405-

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.762

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS D. TAIT

Mailing Address 7417 OLD BAYPOINTE ROAD

City MILTON State FL Zip Code 32583-2942

FEC ID number of contributing federal political committee. **C**

Name of Employer SUMMIT BANK Occupation BANKER

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.664

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

FRANK TERRAFERMA**A.**

Mailing Address P.O BOX 853

City

TALLAHASSEE

State

FL

Zip Code

32302-0853

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRONT LINE STRATEGIES

Occupation

GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.621

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCOTT TETREALT**B.**

Mailing Address 1815 TUSCAN HILL DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32312-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA CANCER SPECIALISTS

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.665

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CAROL E. THIELEN**C.**

Mailing Address 3686 MOSSY CREEK LN

City

TALLAHASSEE

State

FL

Zip Code

32311-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

JAMES THIELEN, CPA, P.A.

Occupation

MARKETING

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.614

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JAMES F. THIELEN**A.**

Mailing Address 3686 MOSSY CREEK LANE

City

TALLAHASSEE

State

FL

Zip Code

32311-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.666

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARGARET M. TIMMINS**B.**

Mailing Address 1179 CONSERVANCY DRIVE W

City

TALLAHASSEE

State

FL

Zip Code

32312-6746

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIMMINS CONSULTING

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.763

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DAVID TIPTON**C.**

Mailing Address 152 HOMBRE CIRCLE

City

PANAMA CITY BEACH

State

FL

Zip Code

32407-2469

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIPTON MARLER CHASTAIN & GARNER

Occupation

CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.694

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

BRITTANY TRUMBULL**A.**

Mailing Address 117 HARMON AVE

City

PANAMA CITY

State

FL

Zip Code

32401-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
CULLIGAN WATEROccupation
OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.593

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHARLES VOORHIS III**B.**

Mailing Address 418 CHERRY STREET

City

PANAMA CITY

State

FL

Zip Code

32401-3256

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.732

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SUZANNE WAY**C.**

Mailing Address 1507 VERMONT AVENUE

City

LYNN HAVEN

State

FL

Zip Code

32444-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERLAND FUNERAL HOMESOccupation
FUNERAL DIRECTOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11.594

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 93

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

RICHARD B. WEBB**A.**

Mailing Address 315 WEST 3RD

City

PITTSBURG

State

KS

Zip Code

66762-4706

FEC ID number of contributing
federal political committee.

C

Name of Employer

WATRO TRANSPORTATION SERVICES

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11.680

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WENDY WEISER**B.**

Mailing Address 1400 BANBURY ROAD

City

PALATINE

State

IL

Zip Code

60067-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer

WJ WEISER & ASSOCIATES, INC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.715

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CATHARINA WHITEHEAD**C.**

Mailing Address 154 CANDLEWICK CIRCLE

City

PANAMA CITY

State

FL

Zip Code

32405-3284

FEC ID number of contributing
federal political committee.

C

Name of Employer

B&C TECHNOLOGIES LLC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.733

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

DERWIN WHITE

A.

Mailing Address 4409 DEERPOINT COVE LANE

City

PANAMA CITY

State

FL

Zip Code

32404-4288

FEC ID number of contributing
federal political committee.

C

Name of Employer

GAC CONTRACTORS

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11.716

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

FRANK WHITEHEAD

B.

Mailing Address 800 E. PIERSON DR.

City

LYNN HAVEN

State

FL

Zip Code

32444-3177

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHITEHEAD PLUMBING, INC.

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.667

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEAN WINGO

C.

Mailing Address P.O. BOX 613216

City

ROSEMARY BEACH

State

FL

Zip Code

32461-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA ADVOCACY AND CONSULTING

Occupation

GOV'T RELATIONS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2015

Transaction ID : SA11.668

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

JOHN H. WOOD**A.**

Mailing Address 545 FRANK SHAW RD

City

TALLAHASSEE

State

FL

Zip Code

32312-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL MEDICAL GROUP

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SA11.541

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JENNIFER WOODS**B.**

Mailing Address 2316 DRAGONFLY LANE

City

Panama City

State

FL

Zip Code

32405-

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTENNIAL BANK

Occupation

VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11.703

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMY S. ZANTZINGER**C.**

Mailing Address 23 GRAFTON STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11.612

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

116727.65

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 93

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

AMERICAN ASSOC. OF CLINICAL UROLOGISTS PAC

Mailing Address P.O. BOX 15441

City

WASHINGTON

State

DC

Zip Code

20003-0441

FEC ID number of contributing
federal political committee.**C** C00273003

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

Transaction ID : SA11.604

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN OSTEOPATHIC INFORMATION ASSOC PACMailing Address 1090 VERMONT AVE., NW
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20005-4905

FEC ID number of contributing
federal political committee.**C** C00113803

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	24	/	2015

Transaction ID : SA11.670

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN SHORT LINE & REGIONAL RR ASSOC PACMailing Address 50 F STREET NW
SUITE 7020

City

WASHINGTON

State

DC

Zip Code

20001-1507

FEC ID number of contributing
federal political committee.**C** C00298190

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2015

Transaction ID : SA11.603

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

6500.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 93

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
FRIENDS OF NEAL DUNN

A. Full Name (Last, First, Middle Initial)
CHESAPEAKE PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City State Zip Code
ATHENS GA 30605-1332

FEC ID number of contributing federal political committee. **C** C00492819

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11.683

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FLORIDA BANKERS ASSOCIATION PAC FEDERAL

Mailing Address POST OFFICE BOX 1360

City State Zip Code
TALLAHASSEE FL 32302-1360

FEC ID number of contributing federal political committee. **C** C00012484

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : SA11.669

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824-0844

FEC ID number of contributing federal political committee. **C** C00415208

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11.543

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.00

13500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 93

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

NEAL PATRICK DUNN**A.**

Mailing Address 2640A MITCHAM DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.**C** H6FL02208

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

70420.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11D.93

Amount of Each Receipt this Period

20.16

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.16

20.16

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 67 OF 93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

NEAL PATRICK DUNN

A.

Mailing Address 2640A MITCHAM DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32308

FEC ID number of contributing
federal political committee.

C H6FL02208

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

70420.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA13A.105

Amount of Each Receipt this Period

65000.00

CANDIDATE LOAN - PERSONAL FUNDS

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

65000.00

TOTAL This Period (last page this line number only).....

65000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. CHRIST CORDON

Mailing Address 416 W 23RD STREET

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
IN-KIND - EVENT FOOD AND BEVERAGE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB21.I102

B. DOCK HANEY

Mailing Address 726 BUNKERS COVE ROAD

City	State	Zip Code
PANAMA CITY	FL	32401

Purpose of Disbursement
IN-KIND - EVENT FOOD AND BEVERAGES

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.I104

C. BILL HUDSON

Mailing Address 3141 W 20TH COURT

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
IN-KIND - VIDEOGRAPHY

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

300.00

Transaction ID : SB21.I97

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1900.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. ALEX E MELENDEZ

Mailing Address 2615 CEDAR VIEW CT

City	State	Zip Code
CLEARWATER	FL	33761

Purpose of Disbursement
MANAGEMENT CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I130

B. ALEX E MELENDEZ

Mailing Address 2615 CEDAR VIEW CT

City	State	Zip Code
CLEARWATER	FL	33761

Purpose of Disbursement
MANAGEMENT CONSULTING & Telephone

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

2174.50

Transaction ID : SB17.I132

C. ALEX E MELENDEZ

Mailing Address 2615 CEDAR VIEW CT

City	State	Zip Code
CLEARWATER	FL	33761

Purpose of Disbursement
MANAGEMENT CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.I59

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13174.50

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. ALEX E MELENDEZ

Mailing Address 2615 CEDAR VIEW CT

City	State	Zip Code
CLEARWATER	FL	33761

Purpose of Disbursement
Management Consulting & Telephone

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

6115.23

Transaction ID : SB17.I67

MANAGEMENT COSULTING AND TELEPHONE

B. VERIZON

Mailing Address PO BOX 4001

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

115.23

Transaction ID : SB17.I68

[MEMO ITEM]

TELEPHONE

C. J COLLIER MERRILL

Mailing Address 226 PALAFOX PL

City	State	Zip Code
PENSACOLA	FL	32502

Purpose of Disbursement
IN-KIND - EVENT FOOD AND BEVERAGE

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

1125.23

Transaction ID : SB21.I92

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7240.46

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. DEVOE L MOORE

Mailing Address 6800 MAHAN DR

City	State	Zip Code
TALLAHASSEE	FL	32308

Purpose of Disbursement
IN-KIND - ROOM RENTAL, FOOD AND BEVERAGE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

Amount of Each Disbursement this Period

1868.00

Transaction ID : SB21.I88

B. SHIRLEY M MOORE

Mailing Address 6800 MAHAN DR

City	State	Zip Code
TALLAHASSEE	FL	32308

Purpose of Disbursement
IN-KIND - ROOM RENTAL, FOOD AND BEVERAGE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

Amount of Each Disbursement this Period

1868.00

Transaction ID : SB21.I86

C. GEORGE ROBERTS

Mailing Address 3233 MAGNOLIA ISLAND BLVD

City	State	Zip Code
PANAMA CITY BEACH	FL	32408

Purpose of Disbursement
Campaign Banner Printing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

235.00

Transaction ID : SB17.I29

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3971.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. DENISE ROWAN

Mailing Address 726 BUNKERS COVE ROAD

City	State	Zip Code
PANAMA CITY	FL	32401

Purpose of Disbursement
IN-KIND - BEVERAGE, CATERING STAFF, TABLE RENTAL

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

851.10

Transaction ID : SB21.I100

B. TYLER C RUSSELL

Mailing Address 9604 DEER VALLEY DR

City	State	Zip Code
TALLAHASSEE	FL	32312

Purpose of Disbursement
MANAGEMENT CONSULTING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

3250.00

Transaction ID : SB17.I129

C. TYLER C RUSSELL

Mailing Address 9604 DEER VALLEY DR

City	State	Zip Code
TALLAHASSEE	FL	32312

Purpose of Disbursement
MANAGEMENT CONSULTING & Postage

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2015

Amount of Each Disbursement this Period

3267.05

Transaction ID : SB17.I133

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7368.15

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. TYLER C RUSSELL

Mailing Address 9604 DEER VALLEY DR

City	State	Zip Code
TALLAHASSEE	FL	32312

Purpose of Disbursement
MANAGEMENT CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2015

Amount of Each Disbursement this Period

3250.00

Transaction ID : SB17.I58

B. TYLER C RUSSELL

Mailing Address 9604 DEER VALLEY DR

City	State	Zip Code
TALLAHASSEE	FL	32312

Purpose of Disbursement
MANAGEMENT CONSULTING, MILEAGE & TRAVEL

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

3521.48

Transaction ID : SB17.I69

C. VERIZON

Mailing Address PO BOX 4001

City	State	Zip Code
ACWORTH	GA	30101

Purpose of Disbursement
TELEPHONE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2015

Amount of Each Disbursement this Period

100.24

Transaction ID : SB17.I70

[MEMO ITEM]
TELEPHONE**SUBTOTAL** of Disbursements This Page (optional).....

6771.48

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. ANNE TAYLOR

Mailing Address PO BOX 513

City	State	Zip Code
HUDSON	OH	44236

Purpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

4250.00

Transaction ID : SB17.I78

B. ANEDOT

Mailing Address 5555 HILTON AVE STE. 106

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2015

Amount of Each Disbursement this Period

94.05

Transaction ID : SB17.I46

C. ANEDOT

Mailing Address 5555 HILTON AVE STE. 106

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2015

Amount of Each Disbursement this Period

419.40

Transaction ID : SB17.I50

SUBTOTAL of Disbursements This Page (optional).....

4763.45

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 5555 HILTON AVE STE. 106

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2015

Amount of Each Disbursement this Period

82.50

Transaction ID : SB17.I52

B. ANEDOT

Mailing Address 5555 HILTON AVE STE. 106

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

697.38

Transaction ID : SB17.I94

C. BASCOM COMMUNICATIONS

Mailing Address P.O. BOX 2442

City	State	Zip Code
TALLAHASSEE	FL	32316

Purpose of Disbursement
EVENT FOOD AND BEVERAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

533.94

Transaction ID : SB17.I24

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1313.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. BASCOM COMMUNICATIONS

Mailing Address P.O. BOX 2442

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

City	State	Zip Code
TALLAHASSEE	FL	32316

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Transaction ID : SB17.I26

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. CARROLL AND COMPANY CPA

Mailing Address 2640-A MITCHAM DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

City	State	Zip Code
TALLAHASSEE	FL	32308

Amount of Each Disbursement this Period

2751.92

Purpose of Disbursement
ACCOUNTING SERVICES & POSTAGE

001

Transaction ID : SB17.I41

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. CARROLL AND COMPANY CPA

Mailing Address 2640-A MITCHAM DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

City	State	Zip Code
TALLAHASSEE	FL	32308

Amount of Each Disbursement this Period

1795.00

Purpose of Disbursement
ACCOUNTING SERVICES

001

Transaction ID : SB17.I72

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7046.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. CARROLL AND COMPANY CPA

Mailing Address 2640-A MITCHAM DRIVE

City	State	Zip Code
TALLAHASSEE	FL	32308

Purpose of Disbursement
ACCOUNTING SERVICES & POSTAGE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

5248.35

Transaction ID : SB17.I76

B. CARROLL AND COMPANY CPA

Mailing Address 2640-A MITCHAM DRIVE

City	State	Zip Code
TALLAHASSEE	FL	32308

Purpose of Disbursement
ACCOUNTING SERVICES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

2325.00

Transaction ID : SB17.I82

C. CLARK HILL PLC

Mailing Address PO BOX 3760

City	State	Zip Code
PITTSBURGH	PA	15230

Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

2186.00

Transaction ID : SB17.I65

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9759.35

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. COLOR PRESS

Mailing Address 3430 HIGHWAY 77 SUITE D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

City	State	Zip Code
PANAMA CITY	FL	32405

Amount of Each Disbursement this Period

436.65

Purpose of Disbursement
PRINTING

003

Transaction ID : SB17.I30

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. COLOR PRESS

Mailing Address 3430 HIGHWAY 77 SUITE D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

City	State	Zip Code
PANAMA CITY	FL	32405

Amount of Each Disbursement this Period

248.59

Purpose of Disbursement
PRINTING

001

Transaction ID : SB17.I62

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. CREATIVE DIRECT LLC

Mailing Address 25 E. Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
RICHMOND	VA	23219

Amount of Each Disbursement this Period

2958.77

Purpose of Disbursement
PALM CARD PRINTING

001

Transaction ID : SB17.I80

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3644.01

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. CRIMSON CMDI

Mailing Address 1593 Spring Hill Road #400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

798.00

Transaction ID : SB17.I134

B. CRIMSON CMDI

Mailing Address 1593 Spring Hill Road #400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CAMPAIGN SOFTWARE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

Amount of Each Disbursement this Period

798.00

Transaction ID : SB17.I135

C. EXTENSIVE ENTERPRISES

Mailing Address 204 37TH AVENUE NORTH #182

City	State	Zip Code
ST. PETERSBURG	FL	33704

Purpose of Disbursement
Online Advertising

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

2250.00

Transaction ID : SB17.I27

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3846.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. FRONT LINE STRATEGIES, INC.

Mailing Address PO BOX 1491

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

City	State	Zip Code
TALLAHASSE	FL	32302

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
FINANCE CONSULTING

001

Transaction ID : SB17.I73

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. KEY & ASSOCIATES

Mailing Address 12176 CHANCERY STATION CIR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

City	State	Zip Code
RESTON	VA	20190

Amount of Each Disbursement this Period

2202.09

Purpose of Disbursement
WEBSITE CONSULTING AND TRAVEL

003

Transaction ID : SB17.I64

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. MSGCMND, LLC

Mailing Address 1910 SEAGATE AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

City	State	Zip Code
NEPTUNE BEACH	FL	32266

Amount of Each Disbursement this Period

2537.00

Purpose of Disbursement
WEBSITE MAINTENANCE AND ADVERTISING

001

Transaction ID : SB17.I19

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12239.09

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. MSGCMND, LLC

Mailing Address 1910 SEAGATE AVE

City	State	Zip Code
NEPTUNE BEACH	FL	32266

Purpose of Disbursement
WEBSITE MAINTENANCE AND ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.I61

B. MSGCMND, LLC

Mailing Address 1910 SEAGATE AVE

City	State	Zip Code
NEPTUNE BEACH	FL	32266

Purpose of Disbursement
WEBSITE MAINTENANCE AND ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

675.00

Transaction ID : SB17.I75

C. PROSEQUENCE LLC

Mailing Address PO BOX 10666

City	State	Zip Code
TALLAHASSEE	FL	32302

Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I60

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5425.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. PROSEQUENCE LLC

Mailing Address PO BOX 10666

City	State	Zip Code
TALLAHASSEE	FL	32302

Purpose of Disbursement
MANAGEMENT CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2015

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.I74

B. SUMMIT FINANCIAL ENTERPRISES, INC.

Mailing Address 2101 NORTHSIDE DR. STE. 104

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
OFFICE RENT AND UTILITIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2015

Amount of Each Disbursement this Period

666.13

Transaction ID : SB17.I18

C. SUMMIT FINANCIAL ENTERPRISES, INC.

Mailing Address 2101 NORTHSIDE DR. STE. 104

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
OFFICE RENT AND UTILITIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

659.58

Transaction ID : SB17.I56

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13325.71

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. SUMMIT FINANCIAL ENTERPRISES, INC.

Mailing Address 2101 NORTHSIDE DR. STE. 104

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
Office RENT AND UTILITIES

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

647.46

Transaction ID : SB17.I71

B. SUMMIT FINANCIAL ENTERPRISES, INC.

Mailing Address 2101 NORTHSIDE DR. STE. 104

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
Office RENT AND UTILITIES

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

644.84

Transaction ID : SB17.I81

C. USAA SAVINGS BANK

Mailing Address 10750 MCDERMOTT FWY

City	State	Zip Code
SAN ANTONIO	TX	78288

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE BELOW

001

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

3532.87

Transaction ID : SB17.I106

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4825.17

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. ALMEGA SPORTS

Mailing Address 2497 FL-77

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
T-SHIRT PRINTING

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

143.65

Transaction ID : SB17.I114

[MEMO ITEM]**B. ALMEGA SPORTS**

Mailing Address 2497 FL-77

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
T-SHIRT PRINTING

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

532.13

Transaction ID : SB17.I115

[MEMO ITEM]**C. DOUBLETREE HOTEL - TALLAHASSEE**

Mailing Address 101 S ADAMS ST

City	State	Zip Code
TALLAHASSEE	FL	32301

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

456.26

Transaction ID : SB17.I111

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT A CAR

Mailing Address 1104 W 15TH ST

City	State	Zip Code
PANAMA CITY	FL	32401

Purpose of Disbursement
RENTAL CAR

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

373.93

Transaction ID : SB17.I108

[MEMO ITEM]

B. ENTERPRISE RENT A CAR

Mailing Address 1104 W 15TH ST

City	State	Zip Code
PANAMA CITY	FL	32401

Purpose of Disbursement
TRAVEL

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

22.54

Transaction ID : SB17.I112

[MEMO ITEM]

C. KNOLOGY INC

Mailing Address 1241 O G SKINNER DR

City	State	Zip Code
WEST POINT	GA	31833

Purpose of Disbursement
UTILITIES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

296.88

Transaction ID : SB21.I107

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. MAILCHIMP.COM

Mailing Address 675 Ponce De Leon Ave NE Ste 5000

City	State	Zip Code
ATLANTA	GA	30308

Purpose of Disbursement
EMAIL SERVICES

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I120

[MEMO ITEM]

B. OFFICE MAX

Mailing Address 731 E 23RD STREET

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
OFFICE SUPPLIES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

153.87

Transaction ID : SB17.I116

[MEMO ITEM]

C. RED ELEPHANT PIZZA

Mailing Address 2910 KERRY FOREST PKWY

City	State	Zip Code
TALLAHASSEE	FL	32309

Purpose of Disbursement
EVENT FOOD AND BEVERAGE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

Amount of Each Disbursement this Period

566.16

Transaction ID : SB17.I119

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. SPORTS AUTHORITY

Mailing Address 525 W 23RD ST

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
EVENT SUPPLIES

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	5

Amount of Each Disbursement this Period

2	0	4	.	3	6
---	---	---	---	---	---

Transaction ID : SB17.I118

[MEMO ITEM]

B. WAL-MART STORES INC

Mailing Address 2101 FL-77

City	State	Zip Code
LYNN HAVEN	FL	32444

Purpose of Disbursement
OFFICE SUPPLIES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	5

Amount of Each Disbursement this Period

9	9	.	9	6
---	---	---	---	---

Transaction ID : SB17.I117

[MEMO ITEM]

C. USAA SAVINGS BANK

Mailing Address 10750 MCDERMOTT FWY

City	State	Zip Code
SAN ANTONIO	TX	78288

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE BELOW

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	1	5

Amount of Each Disbursement this Period

1	4	3	6	.	7	6
---	---	---	---	---	---	---

Transaction ID : SB17.I121

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1436.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. DOUBLETREE HOTEL - TALLAHASSEE

Mailing Address 101 S ADAMS ST

City	State	Zip Code
TALLAHASSEE	FL	32301

Purpose of Disbursement
PARKING

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

8.00

Transaction ID : SB17.I124

[MEMO ITEM]

B. KNOLOGY INC

Mailing Address 1241 O G SKINNER DR

City	State	Zip Code
WEST POINT	GA	31833

Purpose of Disbursement
UTILITIES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

286.72

Transaction ID : SB21.I123

[MEMO ITEM]

C. MAILCHIMP.COM

Mailing Address 675 Ponce de Leon Ave NE Ste 5000

City	State	Zip Code
ATLANTA	GA	30308

Purpose of Disbursement
EMAIL SERVICES

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2015

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.I122

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. OFFICE MAX

Mailing Address 731 E 23RD STREET

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	10	2015

Amount of Each Disbursement this Period

57.88

Transaction ID : SB17.I126

[MEMO ITEM]**B. WAL-MART STORES INC**

Mailing Address 2101 FL-77

City	State	Zip Code
LYNN HAVEN	FL	32444

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	10	2015

Amount of Each Disbursement this Period

113.09

Transaction ID : SB17.I125

[MEMO ITEM]**C. USAA SAVINGS BANK**

Mailing Address 10750 MCDERMOTT FWY

City	State	Zip Code
SAN ANTONIO	TX	78288

Purpose of Disbursement
CREDIT CARD PAYMENT - SEE BELOW

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	22	2015

Amount of Each Disbursement this Period

3201.49

Transaction ID : SB17.I34

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3201.49

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address P.O. BOX 20706

City	State	Zip Code
ATLANTA	GA	30320

Purpose of Disbursement
AIR TRAVEL

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

420.20

Transaction ID : SB17.I37

[MEMO ITEM]**B. GOVERNORS INN**

Mailing Address 209 S. ADAMS STREET

City	State	Zip Code
TALLAHASSEE	FL	32301

Purpose of Disbursement
Lodging

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

459.26

Transaction ID : SB17.I36

[MEMO ITEM]**C. LOEWS HOTELS**

Mailing Address 5601 UNIVERSAL BLVD

City	State	Zip Code
ORLANDO	FL	32819

Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

452.82

Transaction ID : SB17.I35

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF NEAL DUNN

Full Name (Last, First, Middle Initial)

A. OFFICE MAX

Mailing Address 731 E 23RD STREET

City	State	Zip Code
PANAMA CITY	FL	32405

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

379.37

Transaction ID : SB17.I40

[MEMO ITEM]

B. THE PURPLE GRAPE

Mailing Address 1121 BECK AVE

City	State	Zip Code
PANAMA CITY	FL	32401

Purpose of Disbursement
Event Room Rental and Food and Beverage

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

203.71

Transaction ID : SB17.I39

[MEMO ITEM]

C. WEBELECT.NET LLC

Mailing Address 1256 VINETREE DR

City	State	Zip Code
BRANDON	FL	33510

Purpose of Disbursement
DATABASE SERVICES

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2015

Amount of Each Disbursement this Period

2700.00

Transaction ID : SB17.I63

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

113952.36

SCHEDULE C (FEC Form 3)
LOANS

PAGE 92 OF 93

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5143

FRIENDS OF NEAL DUNN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Neal Patrick Dunn

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2640A MITCHAM DRIVE

City

State

ZIP Code

TALLAHASSEE

FL

32308

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 93 OF 93

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.1231

FRIENDS OF NEAL DUNN

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Neal Patrick Dunn

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2640A Mithcam Drive

City

State

ZIP Code

Tallahassee

FL

32308

Original Amount of Loan

65000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

65000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2015

Date Due

M M / D D / Y Y Y Y
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

65000.00

TOTALS This Period (last page in this line only)..... ►

115000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.